

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Book 70 Page 307

FLOYD

County

File _____

2-22-72

Date of Application

MALE

Medical Examination Report Dated 2-11-72

Name of Physician G. N. Robertson

FEMALE

Medical Examination Report Dated 2-11-72

Name of Physician G. N. Robertson

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Mike L. Elrod
Date of Birth 10 11 1952
Place of Birth (State or foreign country) Salem, Indiana
Residence Address 1210 Cedarwood Dr. New Albany Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Tri-City Auto Supply

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Mark L. Elrod		1210 Cedarwood Dr. New Albany Ind.

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Mark L. Elrod
Residence of father (if deceased so state) 1210 Cedarwood Dr. New Albany Ind.
Occupation of father Seabrook Funeral Home
Birthplace of father (State or foreign country) Salem, Ind.
12. Full maiden name of mother Jeannette M. Baird
Residence of mother (if deceased so state) Same
Occupation of mother Housewife
Birthplace of mother (State or foreign country) Salem, Ind.

State of Indiana, Floyd } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Mike L. Elrod

New Address _____

Subscribed and sworn to before me this 22 day of Feb, 1972
Wm. C. Cochran Clerk of FLOYD County Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Consent filed with Clerk
State of Indiana, Floyd } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this 22 day of Feb, 1972
William C. Cochran Clerk

FEMALE APPLICANT

Name Deborah S. Reynolds
Date of Birth Jan 31 1955
Place of Birth (State or foreign country) New Albany Ind.
Residence Address 2413 Lyon Dr. New Albany Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation _____

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Clarence Lee Reynolds
Residence of father (if deceased so state) 2413 Lyon Dr. New Albany Ind.
Occupation of father C. M. Cummings
Birthplace of father (State or foreign country) Harrison Co.
8. Full maiden name of mother Joyce Ruth Faith
Residence of mother (if deceased so state) Same
Occupation of mother A-mart
Birthplace of mother (State or foreign country) Harrison Co.

State of Indiana, Floyd } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Deborah S. Reynolds

New Address _____

Subscribed and sworn to before me this 22 day of Feb, 1972
Wm. C. Cochran Clerk of FLOYD County Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Consent filed with Clerk
State of Indiana, Floyd } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this 22 day of Feb, 1972
Wm. C. Cochran Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Floyd County Circuit Court of Indiana dated the 25th day of February, 1972, authorizing the joining together as husband and wife Mike L. Elrod and Deborah S. Reynolds

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James T. Heady hereby certify that on the 28th day of February, one thousand nine hundred and Seventy two at New Albany, County of Floyd, State of Indiana, Groom Mike L. Elrod of Floyd County, State of Ind. and, Bride Deborah S. Reynolds of Floyd County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Floyd County.

Dated this 28th day of February, 1972

Signed James T. Heady

Official Designation Minister

2nd day of March, 1972

Signed William C. Cochran

FLOYD

County Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____